

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-045970

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1469

STATE FILE NUMBER

FILED JAN 3 1963

1. PLACE OF DEATH a. COUNTY <b>BUCHANAN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>DONIPHAN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. JOSEPH</b>		c. CITY OR TOWN <b>ELWOOD</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MISSOURI METHODIST</b>		d. STREET ADDRESS <b>307 LIBEL</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>MABEL</b> Middle <b>LILLIAN</b> Last <b>JONES</b>		4. DATE OF DEATH Month <b>DECEMBER</b> Day <b>26</b> , Year <b>1962</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>APR. 14, 1889</b>
9. AGE (last birthday) <b>73</b>		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>COOK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RESTAURANT</b>	11. BIRTHPLACE (City and state or country) <b>HAMBURG, IOWA</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>DO NOT KNOW</b>	
13b. MOTHER'S MAIDEN NAME <b>DO NOT KNOW</b>		14. NAME OF HUSBAND OR WIFE <b>ERNEST JONES</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT Address <b>Mrs. RAYMOND DINNING - ELWOOD, KANSAS</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarction</b> DUE TO (b) <b>Coronary Arteriosclerosis</b> DUE TO (c) <b>3 yrs.</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <b>3-17-59</b> to <b>12-26-62</b> and last saw her alive on <b>2-28-60</b> Death occurred at <b>8:30</b> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>H. C. Senne M.D.</b>		22b. ADDRESS <b>213 N 2 Th St. Joseph, Mo</b>	
22c. DATE SIGNED <b>12-28-62</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
23b. DATE <b>DEC. 28, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ASHLAND CEMETERY</b>		23d. LOCATION (City, town, or county) <b>ST. JOSEPH MISSOURI</b>
24. FUNERAL DIRECTOR ADDRESS <b>HARMAN FUNERAL HOME WATHENA, KANSAS</b>		25. DATE RECD. BY LOCAL REG. <b>Jan. 2, 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. Clark Goodell</b>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

H.C. Senne, M.D.

JAN 22 1963

Permit issued 12/28/62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address Waltham, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.